

U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended Faiture to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 90/6		2 Fiscal Year Covered From			
		1 / 1 / 2004 Through	12 / 31 /	2004	
3 Name and address of person filing		4 Name file number and address of labor org	ganization		
Name ANDREW J	PERCH	Name PAINTERS DISTRICT COUNC	IL NO 14		
		Labor Organization File Number 032-37	15		
PO Box Bldg Room No if any		PO Box Building and Room Number if any	у		
Street 1456 W ADAMS		Street 1456 W ADAMS STREET			
City CHICAGO		City CHICAGO			
State 1 L	ZIP Code +4 60607	State Illinois	ZIP Code + 4 60	607'	
5 Position in labor organization	ORGANIZER				

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name		
Trade Name if any		
PO Box Bldg Room No if any		
	7 b Amount.	
Street		
City		
State ZIP Code + 4		

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)				
Signed _	again	On	8/2/05 Date	313 - 431 00 46 × 184

Name of Person Filling ANDREW J PERCH		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name ARNOLD 4 KADJAN Trade Name if any PO Box Bidg Room No if any Street 19 W JACKSON City CHICAGO State 1L ZIP Code + 4 60607	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any: P O Box Bldg Room No if any	11 a Nature of such deal	ling DINNIR AND GIFT	
Street City State ZIP Code + 4	11 b Approximate dollar val		
C Received from any employer (other than an employer covered und	12 b Amount. er parts A and B above)		
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name	or other thing of value 14 a Nature of payment.		
Trade Name if any PO Box Bldg Room No if any Street City			

14 b Amount of payment

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

?

State

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Name of Person Filling ANDREW PERCH	File Number U
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or irectly to or otherwise
8 Name and address of Business (including trade name if any) Name CHICAGO POCA ASSOCIATIS GROUP Trade Name if any PO Box Bidg Room No if any Street 35 5 53 0 MIGNIN OR City WARRENVILLE	9 Business deals with a Labor Organization b Trust c Employer
State (L ZIP Code + 4 (D \ S 5 5 5 10 11 11 19 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name Trade Name if any PO Box Bidg Room No if any	GOLF OUTING
Street City	11 b Approximate dollar value of such dealing
State ZIP Code + 4	

3 a Name and address of Employer or (including trade name if any)	Labor Relations Consultant	14 a Nature of payment	
Name ¹			
Trade Name if any			
PO Box Bidg Room No if any			
Street			
City			
State	ZIP Code + 4		pper in the control
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment.	

12 b Amount

Name of Person Filling ANDREW 3 PERCH	File Number U-
B Held an Interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or directly to or otherwise
8 Name and address of Business (including trade name if any) Name CHICAGO COOK COUNTY BUILDING TRADIS Trade Name if any PO Box Bidg Room No if any # 1850 Street 150 N GACKER City CHICAGO State 1L ZIP Code+4 6060	9 Business deats with a Labor Organization b Trust c. Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing WEEKLY LUNCH 11 b Approximate dollar value of such dealing #400 000000000000000000000000000000000
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any) Name Trade Name if any	14 a Nature of payment
PO Box Bidg Room No If any	

14 b Amount of payment

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1 2004 to December 31 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period January 1 2004 to December 31 2004. I will file an amended Form LM-30.

Signature

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8/2/05

Date